

DS 1832 (New 7/2008) (Electronic Version)**CONTACT INFORMATION:** E Mail Address: sdsp@dds.ca.gov

Telephone Number: (916) 651-7705

**SELF-DIRECTED SERVICES PROVIDER
INFORMATION RELEASE**

I understand that:

- The Department of Developmental Services (DDS) takes very seriously any false or misleading information provided by an applicant (form DS 1833) and/or any related materials or statements submitted by the applicant.
- My submission of forms, materials, and/or statements containing false or misleading information could result in a denial of my application; and, if discovered after approval, could result in immediate termination of my approval.

I therefore give permission to DDS to verify and supplement:

- My declarations regarding prior criminal convictions and continuous California residence for at least the past two years, as contained in the DS 1833 which I signed on _____ ; and any explanatory attachments to the DS 1833 which I may have provided. (Date)
- Any driver record information, which DDS has obtained, or may obtain, about me from the Department of Motor Vehicles; any criminal history information which DDS has obtained, or may obtain, about me from the Department of Justice (DOJ); and any licensure and/or certification information which DDS has obtained, or may obtain, about me from DOJ or other sources.
- Any other information which DDS has obtained, or may obtain, from the affiliated Regional Center and/or other sources regarding my qualifications as a prospective service provider.

I also give permission for DDS to perform the above functions, as necessary, through written and/or oral contacts with:

- Those persons I have identified as job and/or personal references.
- Licensure and/or certification agency staff who can verify my current and/or past status as a licensee and/or certificate holder in good standing.
- Any other person(s) responsible for maintaining documents necessary to investigate, verify, and supplement declarations I have made and/or information I and/or other persons have provided or may provide which are relevant to my application.

I release from all liability, damages, or legal claims every person seeking or providing written and/or oral information in response to any written and/or oral request from DDS. A photocopy of this release shall be as valid as the original, and all persons providing information may rely upon such a copy. My signature certifies that this release was completed by me.

PRINT NAME CLEARLY

SIGNATURE

CITY/COUNTY WHERE SIGNED

DATE OF SIGNATURE

PROVIDER NAME

PROVIDER ADDRESS

TELEPHONE NUMBER